

STRONG CHILDREN'S RESEARCH CENTER

Summer 2017 Research Scholar

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ABSTRACT

Title: *Active Referral for Food Insecurity in Pediatric Population: Pilot Study*

Background: Food insecurity is defined as being in a state without reliable access to a sufficient amount of affordable, nutritious food. A pediatrician's role is to ensure the wellbeing of a child, however, when a parent is unable to provide the necessities for his or her child, problems arise. Many studies have documented the adverse outcomes to health and well-being due to food insecurity in children including poor physical quality of life, which prevents them from fully engaging in daily activities such as school and after school activities, and higher chance of development of chronic diseases. To negate this issue, the outpatient clinic at Golisano Children's Hospital has implemented the WE-CARE Survey (Well-child care visit; Evaluation; Community resources; Advocacy; Referral; Education) since 2015 to screen patients and their families for social determinants of health. In the summer of 2017, WE-CARE Coordinators began a pilot study of actively referring families to Foodlink, Legal Aid of Western New York, or both, who screened positive for food insecurity and gave consent, in the hopes of reducing food insecurity rates.

Objective: To evaluate the prevalence of food insecurity and the associated demographics and characteristics of food insecure families. To follow up with the patients to assess their current status of food insecurity and opinions on the importance of pediatricians' role in food insecurity.

Results: In July, a post-survey telephone call was administered to the 120 families who screened positive for either food insecurity or another social determinant of health from April to July 2017 to assess their current status of food insecurity. Families who consented or denied referral to Foodlink, Legal Aid of Western New York, or both were called. Only 45.8% (N=120) answered and completed the post-survey call. The 54.2% (N=120) that were unable to complete the post-survey either had a disconnected line, a wrong number listed, or unable to answer the phone at the time. The post-survey included several questions including their status of food insecurity and the importance of pediatricians asking families about their food security status. Of those who initially screened positive for food insecurity and were referred, 70% (N=20) still did not have enough food in their homes. Those who initially screened negative for food insecurity, 75% (N=4) of families were now food insecure when asked in the follow up survey. When both referred and not referred patients were asked about the importance of pediatricians asking about their food security, over 90% (N=54) stated that it was important for providers to ask for a variety of reasons including: lack of parental knowledge, parental pride, parental fear, and the importance of a child's wellbeing. A follow up survey was conducted amongst Foodlink representatives. Of the 69 families referred to the agency, only 58 families received initial calls. Families that did establish contact with Foodlink were all nearly interested in food pantries to get them through the end of the month when money is tight and in Curbside Markets as a way to make the most of their SNAP dollars.

Conclusion: The WE-CARE survey is a valuable tool used to evaluate food insecurity and other social determinants of health, the implementation of the pilot study seems promising to aiding families in need. However, due to demand, additional resources are needed on behalf of community agencies so that they are able to serve families in a proper and timely manner. Future goals of this study include establishing better methods of providing access to resources for families in need.